

MEMORANDUM

May 5, 2006

TO: All Interested MCFRS Personnel

FROM: Captain Lee R. Silverman NREMT-P
EMS Training Officer

SUBJECT: EMT-Intermediate (EMT-I) #5 Course

I am pleased to announce the application process for EMT-Intermediate Course #5, which is scheduled to begin August 14, 2006. This night class will be held Monday and Thursday evenings (with an occasional Tuesday) from 1900 - 2300 and occasional Saturdays 0800 – 1200.

After successful completion of the course, the National Registry Intermediate Exam, and the Maryland Protocol Exam you will become licensed as a Cardiac Rescue Technician-Intermediate. The CRT-I can perform one less skill than the EMT-Paramedic and must request medical direction on five medications that the EMT-P can administer without an order. There are some local Community colleges that offer the required course work should you desire to upgrade to the EMT-Paramedic level.

Based on Appendix A (Paramedic Program Standards) of the EMS Operations Manual the requirements for admission into the Paramedic (EMT-I) Program are:

1. Be at least 18 years of age upon the first day of class.
2. Be currently certified to the Maryland EMT-B level.
3. **Have had at least one full year of continuous experience as an EMT-B with BLS charge status immediately before enrollment in the program**, or have run 150 emergency ambulance calls as charge. This experience must be verified in writing by the LFRD Chief or MCFRS Senior Career Officer and verifiable by the FRTA.
4. AHA Healthcare Provider or equivalent CPR Certification.
5. Be a current member of a LFRD or a current career uniformed employee of MCFRS with at least one year of service prior to application.

MCVFRS Candidates must complete an application packet consisting of:

1. EMT-I Program Application Form
2. Copies of current EMT-B and CPR cards (or annual re-certification verification)
3. MCVFRS Applicant Referral Form
4. A written statement from the candidate detailing their reasons for wishing to take this training.

MCFRS Candidates must complete an application packet consisting of:

- 1 EMT-I Program Application Form
- 2 Copies of current EMT-B and CPR cards (or annual re-certification verification)
- 3 MCFRS Endorsement form for EMT-I Course (forwarded to your station OIC). Do not hold your application waiting for this form; send application in as soon as filled in.
- 4 A written statement from the candidate detailing their reasons for wishing to take this training.

APPLICATION PACKET IS AVAILABLE ON THE WEBSITE:

www.montgomerycountymd.gov/fire/rescue/psta. The application packet must be turned into the EMS Training Officer no later than 1700 hours, June 16, 2006.

Candidates who have turned in the entire completed application packet and have met all the standards will be seated at the **Entrance examination on June 28, 2006 at 1300 or 1900 at the Fire Rescue Training Academy (if you are late you will not be seated)**. Please select the time that you would like to take the entrance examination on the EMT-I application (circle only one time). There will be no other dates or make-up exams. The entrance exam is described on the attached page entitled "The EMT-I Entrance Examination".

Candidates who pass the entrance exam will be contacted by the EMS office. Selection for the course seats is based on the FRTA standard seating formula.

If you need any further information or have any questions please contact me at 301-279-1275.

TRAINING COURSE ANNOUNCEMENT

MONTGOMERY COUNTY FIRE/RESCUE

TRAINING ACADEMY

Course Title: EMT-Intermediate Course #5

Class Dates: August 14, 2006 - July, 2007

Time: 1900 - 2300

Day: Monday, Thursday
(Occasional Tuesdays and Saturdays)

Location: Fire and Rescue Training Academy

Instructor (s): TBA

Pre-requisite: See application for specific requirements.
Applications can be downloaded from:
<http://www.montgomerycountymd.gov/firerescue/psta>

NOTE: Entrance examination scheduled for June 28, 2006 at 1300 or 1900 at the FRTA.

Registration Deadline: Completed application packets must be received at the FRTA by 1700 hours on June 16, 2006.

This course will be limited to 25 persons and will meet or exceed the 1999 EMT-I curriculum. All students successfully completing this course and the National Registry EMT-I examination will be eligible to take the Maryland 1999 Cardiac Rescue Technician Licensing examination.

PREREGISTRATION IS NECESSARY
FOLLOW APPLICATION PROCESS

Montgomery County Fire Rescue Service
Division of Wellness, Safety & Training
Fire Rescue Training Academy

The EMT-I Entrance Examination

The Entrance exam is composed of four parts. Each part is administered separately, and each part has a time limit. Each part must be passed with a minimum score of 75%. The exam is given to help identify candidates who are able to pass the EMT-I program. Marginal performance on the exam has been an excellent predictor of failure of the EMT-Intermediate program. The four parts are as follows:

1. ***Reading comprehension:*** The candidate will be given a series of paragraphs to read. Several multiple choice questions will follow each selection to test the candidate's comprehension of the material. EMT-I students are expected to read and understand hundreds of pages of textbooks and handouts during the course of the class.
2. ***Word analogies:*** This section will test the candidate's word knowledge and ability to reason. The candidate will be given a series of multiple choice questions formatted as in the example:

Pane is to window as page is to a) **book**, b) telephone, c) senate, d) city

3. ***Math ability:*** The candidate will be tested on their ability to do: a) basic addition, subtraction, multiplication and division; and b) operations of above with decimals, percentages and fractions. EMT-I students must be able to quickly calculate proper drug dosages most of which are based on patient weight in kilograms. The successful student will be able to convert pounds to kilograms, and multiply by the proper ratio to arrive at a proper dose.
4. ***EMT knowledge:*** The candidate will be tested on knowledge of material found in Brady's Emergency Care 10th edition; or AAOS 9th edition and the July 1, 2005 edition of the Maryland Medical Protocols. EMT-I's must memorize many pages of protocols and recall them instantly for successful patient outcomes.

Montgomery County Fire Rescue Service
Division of Wellness, Safety and Training
Fire and Rescue Training Academy
Course Announcement

Emergency Medical Technician Intermediate # 5

Starting Date: August 14, 2006

Class Times: 1900-2300

Days: Monday and Thursday evenings. Occasional Tuesday evenings and Saturday days.

Location: Fire and Rescue Training Academy

Total Hours: 600 - 700 hours (classroom and clinical)

Medic Unit Rotations: As scheduled with the Clinical Coordinator. Students are required to ride a minimum of 20 hours per month and to have completed a total of 160 hours by May 31, 2007. Career personnel will generally accomplish their medic unit hours on a detail basis.

Hospital Rotations: As scheduled with the Clinical Coordinator. Students will be required to attend approximately 20 hours per month in a hospital setting and complete a total of 144 hours (plus any additional remedial hours as necessary) by May 31, 2007. Career personnel will generally obtain these hours on an overtime basis.

Pre-requisites: Successful completion of EMT-B, CPR and other requirements outlined in accompanying memo.

Attendance Requirements: Because of the concentrated nature of this course, absences are limited to two class sessions a semester. Missed sessions must be made up within two weeks. Students with attendance problems will be dismissed from the program.

End of Class Tests: The class will finish with the National Registry EMT-I Written and Practical exams during July, 2007. Successful completion of the National Registry test will enable the student to take the written Maryland '99 Cardiac Rescue Technician Protocol test and obtain '99 CRT licensure.

Application Process: Candidates must complete the application and testing process outlined in accompanying memo.

Complete applications MUST be turned in to the EMS Training Officer no later than 1700 on June 16, 2006. Applications that are not complete and/or received late will not be accepted.

Montgomery County Fire Rescue Service
Division of Wellness, Safety & Training
Fire and Rescue Training Academy

Application for Emergency Medical Technician-Intermediate Course # 5

Personal Information

Name: _____ Date of Birth: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Pager/cell phone: _____

E-mail _____

I want to take the Entrance exam on June 28, 2006 at (circle one): **1300** **1900**

Employment:

Current Employer's Name: _____

Supervisor's Name: _____

Supervisor's Phone #: _____

Occupation: _____

May a representative of the FRTA contact your employer: **YES** or **NO** (circle one)

Education

What high school did you graduate from? _____

Year that you graduated? _____

College attended and years? _____

Field of Study: Degree: _____

Other Education: Degree or Cert. In: _____

Other Education: Degree or Cert. In: _____

Please list all professional licenses:

Fire/Rescue Activities

Current primary Fire/Rescue affiliation: _____

From: _____ To: _____ Rank _____ Sta #: _____ Shift: _____

Any secondary affiliation: _____

Total years Fire/Rescue, EMS experience: _____

EMT-B since: _____ EMT-B ID # _____ Exp date: _____

Ambulance OIC since: _____

Average number of ambulance/medic runs per week: _____

NOTE: If less than 1 year as a Charge EMT-B, documentation of a minimum of 150 calls as a charge medical attendant must accompany this application.

Other Fire/Rescue/EMS Course: (may enclose transcript):

Course(s) taken and date: _____

Course(s) taken and date: _____

Course(s) taken and date: _____

Authorization to release Transcript:

I _____ (Print your name) in compliance with the Federal "Family Educational and Rights to Privacy Act of 1974" and the Buckley Amendment, authorize and give permission to the Fire and Rescue Training Academy of Montgomery County, Maryland, to release a transcript of my training records to the EMS training staff. _____ (Signature)

All applicants for course must truthfully answer these questions:

Have you ever applied for ALS certification/licensure in MD, or any other state? _____

When _____ Where _____ Was it granted? _____

If not, why not? Explain on additional sheet.

Have you ever had ALS, BLS or other medical certification of license withheld, suspended, revoked or denied? _____ If yes, identify what certification, when and by whom, and explain the circumstances on a separate sheet.

Have you ever been convicted of, or plead guilty to, or pled nolo contendere to any crime other than a minor traffic violation? _____ If so, explain on a separate sheet.

BY MY SIGNATURE:

I understand that all of the above information I have given is subject to verification.

Affirm and declare that all of the above information I provided is true and correct to the best of my knowledge.

Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation.

Applicants signature

Date

Montgomery County Fire Rescue Service

Endorsement Form for EMT-I Course #5

Return to Capt. Silverman at the Fire Rescue Training Academy no later than June 16, 2006

Applicant Name: _____ Sta/shift

Hire date: _____

Station Captain

_____ I agree _____ I disagree (must document why)

Additional comments:

Printed name

Signature

Date

Battalion Chief

_____ I agree _____ I disagree (must document why)

Additional comments:

Printed name

Signature

Date

Shift Chief

_____ I agree _____ I disagree (must document why)

Additional comments:

Printed name

Signature

Date

Fire Rescue Training Academy EMS Training Officer

_____ Passed Entrance Exam, Recommended for EMT-I #5

_____ Failed Entrance Exam

Only Fire Rescue Training Academy Staff to fill in.

MCVFRS Endorsement Form for EMT-I Course # 5

Return to Capt. Silverman at the Fire Rescue Training Academy no later than June 16, 2006.

Applicant Name:

LFRD Name:

This form is to be completed by the LFRD Chief or designee.

The member of your department whose name appears above is applying for EMT-Intermediate Course #5 to be offered by the MCFRTA. Since there are usually more applicants than can be accommodated, it is necessary that a selection process be in place. As a part of this process, it is requested that you answer the following questions about your applicant and finally place them in priority order.

Please rate the applicant in the following categories using the scale below:

O = Outstanding

AA = Above Average

A = Average

U = Unsatisfactory

N/O = Not observed

- | | | |
|-----|--|-------|
| 1. | Punctuality in reporting for work | _____ |
| 2. | Completion of assigned duties on time | _____ |
| 3. | Undertaking extra duties and responsibilities on their own | _____ |
| 4. | Cooperation with others | _____ |
| 5. | Written communication and record-keeping | _____ |
| 6. | Oral communication | _____ |
| 7. | Personal appearance | _____ |
| 8. | Relations with the public | _____ |
| 9. | General conduct | _____ |
| 10. | Participation in training activities | _____ |
| 11. | Leadership ability | _____ |
| 12. | Knowledge of EMS principles and practices | _____ |
| 13. | EMS performance on the scene | _____ |
| 14. | Judgment and ability to make decision on scene | _____ |
| 15. | Interest in continuing education and training | _____ |
| 16. | Ability to follow rules and instructions | _____ |
| 17. | Interest in safe performance | _____ |
| 18. | Ethics, honesty, integrity and character | _____ |
| 19. | Interest in EMS | _____ |
| 20. | Record in completing tasks that they undertake | _____ |

Page 2: Applicant name

Would you personally select this applicant for a position of trust? yes/no

Would you feel comfortable if this applicant treated you or members of your family in an emergency medical situation? yes/no

Considering that your department has a limited number of seats available in this EMT-I course, and with first priority being the highest, please rate this applicant for admission.

First Priority _____ **Second Priority** _____ **Third Priority** _____
(Check off only one choice per applicant).

Please feel free to present additional information regarding your applicant on an additional sheet.

Signature: _____ Date: _____

Name (please print): _____ Position: _____

Please return this form directly to:

Captain Lee R. Silverman
Fire Rescue Training Academy
9710 Great Seneca Highway
Rockville, Md. 20850
Fax: 301-279-1795